



## **SAMH Response to Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland 2008-11 Discussion Paper**

### **SAMH**

SAMH is the leading voluntary sector organisation in its field in Scotland and is dedicated to mental health and wellbeing for all. SAMH provides both direct services and an independent voice on all matters of relevance to people with mental health and related problems.

SAMH has over 80 services throughout Scotland which address a range of individual needs including supported housing, home support, crisis support, training, employment and structured day services. Our services support people who have experience of mental health problems and other forms of social exclusion including homelessness and addictions.

The SAMH Centre for Research, Influence and Change promotes the development of legislation, policy and practice that is based on the real life experiences of people with mental health and related problems and respects their human rights. The Centre also provides an information service, offering general mental health information and specialist legal and benefits advice. Both the Centre and the wider organisation are committed to challenging the stigma and discrimination experienced by people who live with mental health problems.

### **GENERAL COMMENTS**

SAMH welcomes the opportunity to take part in this discussion process. Investing in the mental health and well-being of the people of Scotland is vital if we want to stem the increase of mental health problems and build the confidence and enhance the well-being of our citizens.

We are a membership organisation, and our response is informed by discussions at a recent member's forum, which focussed on the future of mental health promotion in Scotland.

SAMH have been closely involved with the National Programme for Improving Mental Health and Well-being from the very beginning. We continue to provide management support to the Programme's anti-stigma campaign 'see me', are a formal national partner in the Choose Life initiative and are part of the strategy group of the Scottish Recovery Network.

SAMH is broadly supportive of the approach outlined in the discussion document. Although there is now a much greater policy focus on mental health improvement, there is still a great deal to do. We welcome the emphasis the document places on the need for action at both a local and national level.

As a general point, we would like to suggest that in working towards the objectives set out in Towards a Flourishing Scotland, better use should be made of the skills of the voluntary sector. The NHS and local authorities cannot achieve the objective of a healthier Scotland by themselves, and the voluntary sector has significant experience of working across sectors and care groups.

**What shared objectives and actions for local delivery should be made for 2008-11 that would be deliverable, measurable and valuable?**

The future of mental health improvement in Scotland must be a priority if we are to achieve the vision of mental health and well being for all. The Scottish Government Budget for 2008-11 has set spending on mental wellbeing at £6.3m. This has not received an inflationary uplift, meaning it has been reduced in real terms. In addition both the Supporting People Grant and Mental Health Specific Grant have been abolished with this money being incorporated into overall funding for local authorities. This is of serious concern given that mental health improvement work and services for people with mental health problems are frequently not seen as a priority for local authorities. We believe this places additional importance on the development of the action plan and continued work of the National Programme.

SAMH supports the broad setting of the mental health improvement agenda at a national level. This is important to ensure that Scotland moves forwards as a whole and is clear of where the priorities lie. The National Programme has been based on four key aims and six priority areas that were developed when it was launched. All of the strands of the National Programme have been evaluated and detailed reports published. It is important not to lose sight of these findings and we believe future work should be based on these recommendations.

We believe that objectives and actions for local delivery cannot be set at a national level as their needs to be dialogue with individual communities to create local solutions. The best results come from doing things with communities, not to them or for them and this includes objective setting. What experience of the National Programme demonstrates unequivocally is the need for more efficient joined-up government at the centre, and for this to be reflected in more focussed and consistent messages being transmitted to local areas. We believe that this will in turn enable local authorities, NHS boards, the voluntary sector and others to set local objectives and actions that are consistent with national priorities but reflect local circumstances.

Improvement in mental health comes about through many environmental and social interventions that may not refer explicitly to mental health improvement. Organisations are often contributing to improving the mental health and wellbeing of their communities but are unsure of the level of their impact. Additionally they may be unsure about what their priorities should be. We therefore believe that it is important that the mental health improvement agenda reaches those organisations that do not traditionally see themselves as involved in mental health improvement and hope that this will be reflected in the action plan.

Whilst mental health improvement activities should be evidence-based where possible, too strong an insistence on evidence can cause problems and stifle progress. Literature on mental health improvement has major gaps in terms of effectiveness and cost effectiveness of interventions and this makes it difficult to offer strong statements on priorities. The Northern Ireland Association for Mental Health (NIAMH) recently launched a research report titled 'Mental Health Promotion: Building an Economic Case' which suggests a provisional list of "best buys". They cover selected areas of intervention, which appear in the author's opinion, to offer the most favourable balance of effectiveness, overall scale of potential benefit and likely cost of implementation. SAMH recommends that these be considered during the development of the action plan.

There must however be caution attached to 'rolling out' or 'scaling up' successful initiatives as this may fail to recognise the importance of local context. SAMH believes there is a need for a greater local research base into what works and what doesn't to enable local priority setting.

The discussion document proposes a number of target groups for mental health improvement work. SAMH supports the recognition that people with mental health problems are one of these groups and would urge particular attention and emphasis be given to this. People with mental health problems are often overlooked as a target group when mental health improvement work is being planned and delivered.

### **What national supports would help you to meet these objectives and actions?**

The National Programme has been broadly successful to date and is recognised internationally for its work. It has funded some extremely positive initiatives that are beginning to make an impact in key areas, including the reduction of stigma and discrimination, the awareness and practice of recovery and in suicide prevention. SAMH has been an active partner in these achievements and has played a key role in influencing and shaping them.<sup>1</sup>

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<sup>1</sup> Given SAMH's key role in the delivery of Choose Life since its launch in December 2002 we have provided some additional comments on this aspect of the discussion document in appendix 1. We understand that Seem is submitting their own response, which SAMH has contributed to and we have therefore not provided detailed comments on this area of work.

While we welcome the emphasis on local actions we do not believe this should be at the cost of national support activity. The major attitudinal and behavioural changes that the National Programme seeks to effect will not happen in the short term. Achieving its aims will require sustained effort and investment at a national level.

SAMH strongly supports the continuation of all national support agencies and programmes which are part of the National Programme. Each of these has been shown to be effective through the review of the national programme and independent reviews of the individual strands. In addition much of the work has received international recognition, for example Seeme and Choose Life.

As noted above mental health improvement activities should be evidence-based where possible and we therefore believe that we must strive for higher quality evaluations. This is particularly important in the case of suicide prevention work in Scotland as the current evidence base has been reviewed and is inconclusive but points to some promising areas that warrant further research. SAMH therefore supports the proposed action of developing evaluation work as a national support function.

Located in the Scottish Government, the National Programme has been well placed to influence the agendas of other departments and ministers. This is critical to the success of mental health improvement in Scotland and must be capitalised in the coming years. We must ensure that improving mental health and well-being is a clear long term strategy for the Scottish Government with long term resource allocation. Short-term gains will be lost without a longer term national vision.

### **How can progress be tracked and performance assessed?**

SAMH agrees that it is important to measure mental health and well-being amongst the Scottish population so we can track progress and determine whether there is improvement in this vital area. Further to the removal of ring fencing to money allocated to local authorities we also believe it is important to track spending on mental health improvement work.

Organisations are however hampered by having to respond to multiple targets and reporting structures. There are already a number of different mechanisms to track mental health and well being at a national level and we believe it is important that these are fully utilised rather than additional systems being developed. National targets should be translated into proxy measures for local authority / NHS board levels which reflect local circumstances.

We are keen to make additional comments on two measures, which are shortly to be introduced; single outcome agreements and mental health indicators.

### ***Single outcome agreements (SOAs)***

Single outcome agreements will require local authorities to provide regular reports to the Scottish Government on progress against national outcomes, and to local communities on progress against related outcomes. They will also require local authorities to submit a single annual report setting out progress towards the national outcomes.

We are conscious that the national outcomes include very little about social care and mental health specifically. We understand that the SOAs will cover the full range of local government responsibilities, and that there is therefore scope for individual SOAs to include these areas. While supporting the setting of objectives and actions for delivery at a local level we believe it is unsatisfactory that the question of targets for mental health and social care should be left to each individual local authority.

Further consideration and consultation needs to happen to ensure that the targets set address the real issues for people with mental health problems and that they reflect the need for these targets to be shared across health and local authorities.

SAMH understands that a group has been formed to oversee the establishment of SOAs. It is essential that this group includes substantial voluntary sector representation, given the significant service provision role that the sector has. There are existing networks which could fulfil this role, such as Community Care Providers Scotland, Voluntary Health Scotland, Disability Agenda Scotland etc.

### ***Mental health indicators***

SAMH welcomes the introduction of the national mental health indicators, which will provide a summary mental health profile in Scotland. Although we have not seen the final set we understand they will cover both positive mental health as well as mental health problems, and will provide a way of monitoring the state of mental health and well-being in Scotland, at a national level.

SAMH supports the proposed action of building on the mental health indicators to develop a local understanding of individual and community mental wellbeing. The indicators could be used to highlight trends and help inform decision-making about priorities for action and resource allocation. To enable this to happen we believe that the national analysis of the indicators should include a break down to local areas and that this should be made available on the internet. This would avoid duplication of work and enable all organisations to use the information at a local level.

### **Are there any particular issues or barriers for equality groups in Scotland?**

SAMH is committed to creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. For true equality to

happen, there must be an acknowledgement that everyone is different and these differences must be recognised, understood and valued without stigma or discrimination.

An equality and diversity approach which addresses the needs, hopes and fears of people who suffer stigma and discrimination in relation to their: age, disability, gender, race and ethnicity, sexual orientation, religion or belief must be incorporated into all mental health improvement work. The discussion document places significant emphasis on this and we expect to see this translated in the forthcoming action plan.

Additionally it must be recognised that people with mental health problems live with the negative effects of other people's values and attitudes on a day-to-day basis. This should be considered when working to ensure equality is addressed in the planning, application and evaluation of mental health improvement activities.

## **Conclusion**

SAMH welcomes the shift in emphasis from predominantly national activity to local actions. This however must not be at the expense of the National Programme activities. We would welcome the opportunity to be involved in further discussions around how its ambitions may be realised.

## **Appendix 1 – Suicide Prevention**

### **GENERAL COMMENTS**

SAMH has been a key national and local partner in the delivery of Choose Life since its launch in December 2002, becoming a formal national partner in 2005. We are engaged with all areas of Choose Life and have close links, through shared agendas and devolved activity, with each member of the National Implementation Support Team (NIST), as well as directly with local coordinators and partnerships. We directly employ and manage three local Choose Life posts and one national Choose Life post.

Choose Life has received international recognition for being one of the best national suicide prevention strategies in the world. The last four years have seen many developments and the system (national and local action and resources) seems to be effective. We believe that it would be unwise to make any major changes half way through the 10-year plan, which has been independently evaluated and found to be heading in the right direction. Scotland's suicide rate has dropped since 2000 and although we cannot directly attribute this to the work of Choose Life it does seem promising.

### **What shared objectives and actions for local delivery should be made for 2008-11 that would be deliverable, measurable and valuable?**

SAMH supports the continuation of the national target to reduce suicide by 20% by 2013. We believe that the next step is to translate this target into proxy measures for the local authority / NHS board levels. For example, the target could be to train a certain number of people per thousand of the population in suicide intervention (to build on the existing infrastructure and activity) and to reduce the number of people coming in touch with health services following self-harm with suicidal intent.

We believe that the existing local Choose Life Partnerships and local coordination structures supported by NIST should continue to be the key delivery mechanism for suicide prevention, as was recommended by the National Evaluation of phase one of Choose Life. The focus on these partnerships for phase three of Choose Life should be to bring together the population and high risk approaches to suicide prevention. There is a danger that the focus is returning to clinical methods, to the detriment of public health approaches. We believe both are necessary to reduce suicide and that joint working should be the focus. To enable this, resources must be made available for both approaches.

### **What national supports would help you to meet these objectives and actions?**

SAMH believes that all existing support provided by NIST should continue and be supplemented with funding for national projects to test the emerging

evidence base for what works in suicide prevention that could then be disseminated across Scotland. This research should particularly focus on intervening with people who have made a previous suicide attempt as research tells us that these are the people who are most likely to die by suicide and yet this is a group that Choose Life activity to date has focused least on.

We believe that all suicide prevention work in Scotland needs to be supported by much more high quality and robust evaluation. The current evidence base has been reviewed and is inconclusive. It points to some promising areas that warrant further research. The next step is to put these promising interventions into practice and evaluate them with robust methodology.

The National Evaluation of Choose Life recommended that national voluntary agencies should be more involved in areas such as awareness raising and support for this to be realised would also be welcomed.

### **How can progress be tracked and performance assessed?**

We believe suicide prevention should be one of the outcomes that local authorities are required to work towards and more specifically local authorities should be asked to evidence a level of suicide prevention training.

In addition we would like to see the development of a suicide prevention training target in partnership with local authorities (probably through the COSLA outcome agreements). This target must be realistic and achievable so that it will encourage involvement and ownership and must be set in full consultation with local authorities.